



**2021 Sliding Fee Discount Schedule  
Lab Services**

<b>Annual Income Thresholds by Percentage of Poverty*</b>					
Poverty Level	A	B	C	D	E
	Nominal Fee \$5	\$20	\$30	\$40	Full Charge
Family Size	≤100%	138%	150%	200%	>200%
1	\$16,090	\$22,204	\$24,135	\$32,180	Over \$32,180
2	\$21,770	\$30,043	\$32,655	\$43,540	Over \$43,540
3	\$27,450	\$37,881	\$41,175	\$54,900	Over \$54,900
4	\$33,130	\$45,719	\$49,695	\$66,260	Over \$66,260
5	\$38,810	\$53,558	\$58,215	\$77,620	Over \$77,620
6	\$44,490	\$61,396	\$66,735	\$88,980	Over \$88,980
7	\$50,170	\$69,235	\$75,255	\$100,340	Over \$100,340
8	\$55,850	\$77,073	\$83,775	\$111,700	Over \$111,700
Add an additional \$5,680 per person					

\*Based on 2021 HHS Federal Poverty Guidelines for Alaska: <https://aspe.hhs.gov/poverty-guidelines>